No. 2
4-13-40
-17-39
X23159

35 00

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED JUL 16 1941

STANDARD CERTIFICATE OF DEATH

State File No. 21586

Registration District No. 284

Primary Registration District No. 5403 4168

Registrar's No. 9

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Clarkton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community at home - years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 0
(c) City or town Clarkton 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Samuel Edward Adams
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Alice (Floyd) Adams
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov. (Month) 26 (Day) 1871 (Year)

8. AGE: Years 69 Months 6 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Cape Girardeau, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business
12. FATHER Name Allen Adams
13. Birthplace D K (City, town, or county) G (State or foreign country)
14. MOTHER Maiden name D K
15. Birthplace D K (City, town, or county) G (State or foreign country)
16. (a) Informant Ben Adams
(b) Address Malcomb, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 3, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Loyd Cemetery
18. (a) Signature of funeral director Finnigan Funeral Home
(b) Address Malden, Mo. 250
19. (a) 6-3-41 (Date received local registrar) (b) J. B. Ellsworth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1941 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from May 10 1941, to June 2 1941, and that I last saw him alive on June 2 1941, and that death occurred on the date and hour stated above.
Immediate cause of death Uremic Poisoning Duration 10 days
Due to Stroke of paralysis
Due to Chronic Nephritis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 12/31 Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 241-873
Date Filed 7/15/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.